

**Topeka Housing Authority
2010 SE California
Topeka, KS 66607
(785) 357-8842**

Applicant Name and Address Change Form

For Section 8 ____ or Public Housing ____

Applicant Name: _____

Former Name (if changing): _____

Social Security Number: ____ - ____ - _____

Current Telephone Number: () ____ - _____

OLD ADDRESS

Street: _____

City: _____ State: ____ Zip: _____

NEW ADDRESS

Street: _____

City: _____ State: ____ Zip: _____

Date moved to this address: _____

You must notify THA's Section 8 Program and/or Public Housing Program in writing within 10 business days every time you change your address. Your name may be removed from the waiting list if the address on file for you is incorrect.

I do hereby attest that the above information is true. I understand that any false statements can cause me to be denied Section 8 or Public Housing assistance.

Applicant's Signature: _____

Date: _____